

Breast Cancer

Breast cancer is the most common malignancy in women and the second leading cause of cancer death (exceeded by lung cancer in 1985). Breast cancer is three times more common than all gynecologic malignancies put together. The incidence of breast cancer has been increasing steadily from an incidence of 1 in 20 in 1960 to 1 in 8 women today.

The American Cancer Society estimates that 182,800 new cases of invasive breast cancer will be diagnosed this year and 40,800 patients will die from the disease. Breast cancer has truly reached epidemic proportions among women. Breast cancer is not exclusively a disease of women. For every 100 women with breast cancer, 1 male will develop the disease. The American Cancer society estimates that 1500 men will develop the disease this year. The evaluation of men with breast masses is similar to that in women, including mammography.

The incidence of breast cancer is very low in the twenties (age) gradually increases and plateaus at the age of forty-five and increases dramatically after fifty. Fifty percent of breast cancer is diagnosed in women over sixty-five indicating the ongoing necessity of yearly screening throughout a woman's life. Breast cancer is considered a heterogeneous disease, meaning that it is a different disease in different women, a different disease in different age groups and has different cell populations within the tumor itself. Generally, breast cancer is a much more aggressive disease in younger women. Autopsy studies show that 2% of the population has undiagnosed breast cancer at the time of death. Older women typically have much less aggressive disease than younger women.

- Every three minutes a woman in the United States is diagnosed with breast cancer.
- This year 182,000 new cases of breast cancer are expected in the United States.
- One woman in eight who lives to age 85 will develop breast cancer during her lifetime.
- Breast cancer is the leading cause of death in women between the ages of 40 and 55.
- Seventy percent of all breast cancers are found through breast self-exams. Not all lumps are detectable by touch. We recommend regular mammograms and monthly breast self-exams.
- Eight out of ten breast lumps are not cancerous. If you find a lump, don't panic-call your doctor for an appointment.
- Mammography is a low-dose X-ray examination that can detect breast cancer up to two years before it is large enough to be felt.
- When breast cancer is found early, the five-year survival rate is 96%. This is good news! Over 2 million breast cancer survivors are alive in America today.

Early Signs

- A lump is detected, which is usually single, firm, and most often painless.
- A portion of the skin on the breast or underarm swells and has an unusual appearance.
- Veins on the skin surface become more prominent on one breast.
- The breast nipple becomes inverted, develops a rash, changes in skin texture, or has a discharge other than breast milk.
- A depression is found in an area of the breast surface.

Women's breasts can develop some degree of lumpiness, but only a small percentage of lumps are malignant. While a history of breast cancer in the family may lead to increased risk, most breast cancers are diagnosed in women with no family history. If you have a family history of breast cancer, this should be discussed with your doctor.

Source: National Breast Cancer Foundation

Missouri Women's Council

421 East Dunklin Street ~ PO Box 1684 ~ Jefferson City, Missouri 65102
Toll Free in Missouri: (877) 426-9284 ~ (573) 751-0810 ~ Fax: (573) 751-8835
WebSite: www.womenscouncil.org ~ Email: wcouncil@mail.state.mo.us

Risk Factors

- Early onset of menses and late menopause: Onset of the menstrual cycle prior to the age of 12 and menopause after 50 causes increased risk of developing breast cancer.
- Diets high in saturated fat: The types of fat are important. Monounsaturated fats such as canola oil and olive oil do not appear to increase the risk of developing breast cancer like polyunsaturated fats; corn oil and meat.
- Family history of breast cancer: Patients with a positive family history of breast cancer are at increased risk for developing the disease. However, 85% of women with breast cancer have a negative family history!
- Late or no pregnancies: Pregnancies prior to the age of twenty-six are somewhat protective. Nuns have a higher incidence of breast cancer.
- Moderate alcohol intake: Greater than two alcoholic beverages per day.
- Estrogen replacement therapy: Most studies indicate that taking estrogen longer than ten years may lead to a slight increase in risk for developing breast cancer. However, these studies indicate that the positive benefits of taking estrogen as far as reducing the risk for osteoporosis, heart disease and now more recently Alzheimer's and colon cancer, far outweigh the slight increase in risk that may be associated with estrogen replacement therapy.
- History of prior breast cancer: Patients with a prior history of breast cancer are at increased risk for developing breast cancer in the other breast. This risk is 1% per year or a lifetime risk of 10%. The reason for close clinical follow-up after the diagnosis of breast cancer is not only to detect recurrence of the disease, but also to detect breast cancer in the opposite breast.
- Female: The mere fact that being female increases the risk of developing breast cancer. However, for every 100 women with breast cancer, 1 male will develop the disease.
- Moderate obesity: The relationship of breast cancer to obesity is more complex but associated with an increased risk.

An Early Detection Plan should include

- Clinical breast examinations every three years from ages 20-39, then every year thereafter.
- Monthly breast self-examinations beginning at age 20. Look for any changes in your breasts.
- Baseline mammogram by the age of 40.
- Mammogram every one to two years for women 40-49, depending on previous findings.
- Mammogram every year for women 50 and older.
- A personal calendar to record your self-exams, mammograms, and doctor appointments.
- A low-fat diet, regular exercise, and no smoking or drinking.

How to do a Breast Self-Examination

In the Shower

Fingers flat, move gently over every part of each breast. Use your right hand to examine left breast, left hand for right breast. Check for any lump, hard knot or thickening. Carefully observe any changes in your breasts.

Before a Mirror

Inspect your breasts with arms at your sides. Next, raise your arms high overhead. Look for any changes in contour of each breast, a swelling, a dimpling of skin or changes in the nipple. Then rest palm on hips and press firmly to flex your chest muscles. Left and right breasts will not exactly match - few women's breasts do.

Lying Down

Place pillow under right shoulder, right arm behind your head. With fingers of left hand flat, press right breast gently in small circular motions, moving vertically or in a circular pattern covering the entire breast. Use light, medium and firm pressure. Squeeze nipple; check for discharge and lumps. Repeat these steps for your left breast.